

Report on National Follow-up to the UNECE Regional Implementation Strategy of the Madrid International Plan of Action on Ageing (MIPAA): Switzerland

RIS Commitment 2: To ensure full integration and participation of older persons in society

Measures to support contributions of older people to society are taken occasionally at local rather than national level. Subsidized NGO's like Pro Senectute developed original initiatives to increase public awareness on this issue, for example at the occasion of the International Day of the Elderly ([link](#)). A few cantons are also active on this issue, but normally in connection with a specific policy field.

The *needs of older persons as consumers* are considered mainly thanks to initiatives from subsidized NGO's or from service providers themselves. A long term partnership was established between Pro Senectute and the second-largest retail group in Switzerland Coop to improve the consideration of needs, concerns and desires of elder consumers; magnifying glasses were installed for example at a large scale on shopping trolleys ([link](#)). As a result of **views of older persons on the services** provided, measures were taken to facilitate the access to public transport (initiation into the usage of tickets machines, hotlines for passengers with disabilities). The Swiss Confederation developed also a strategy to favor the use of cyber administration without discrimination (*Federal Administration's ICT-Strategy 2007-2011*, [link](#); e-inclusion in Switzerland, [link](#)).

The situation as to actions *promoting active ageing* is marked by federalism. Cantons play a significant role as policymakers in health, social assistance and housing. But measures are mostly fragmented and from various importance, depending of the canton. The participation of older persons in society is promoted by associations and private organizations. Some of them are subsidized by authorities and by the Old-Age and survivors insurance (AHV/AVS).

From an institutional point of view, the *political participation of older persons* in Switzerland is ensured through the existing institutions of semi-direct democracy. Older persons enjoy as any citizens the right to sign a demand for referendum against laws adopted by Parliament. In case of referendum, draft bills can be refused by citizens and do not enter into force. It also applies in case of amendments to the Constitution, which are obligatory submitted to referendum.

For older persons, referendum is a strong instrument *to express their political voice*. But their participation or the participation of their organizations is also encouraged in several cantons and municipalities to prepare measures or solve concrete problems regarding the elderly (example Commune of Arth in Canton Schwyz [link](#)). Last but not least the implication of senior persons at political level is ensured in particular through the Swiss Council for Older persons (CSA, below).

The Swiss Council for Older persons CSA is indeed *national advisory body on ageing* in Switzerland. It represents social and economic interests of the elderly towards the Confederation, NGO's, medias and society in general (*Conseil Suisse des aînés*, CSA, [link](#)). Before any draft law

submitted to Parliament, interested parties in Switzerland are consulted by government about proposals on topics concerning their regards. Organizations for the elderly like CSA or member associations are consulted about reforms on social insurances issues, for example.

Measures *to improve the housing and living environment of older persons* are taken at cantonal level. Housing policies in particular come within the competence of cantons (for example Canton of Vaud, [link](#)) or of municipalities (for example the city of Lausanne [link](#)). The proportion of persons living in rural areas is small compared to persons in urban areas; but thanks to the decentralized organization of services they are not treated less favorably.

A few **age-integrated communities** exist in Switzerland, but the tendency is clearly focused on the nuclear family. The proportion of two- or three-generation households has indeed constantly decreased in the last decades. The current dominant model can be designated as “multi-local multigenerational families”: separate domiciles but good relationships (HOEPFLINGER Fr., *Generationen in Familie und Gesellschaft – Zusammenfassung des Generationenberichts Schweiz*, 2008, [link](#)). In such a context, efforts are focused in particular on developing solidarity in the neighborhoods. An NGO like Pro Senectute developed for example in the canton of Vaud a local project in common with a private foundation ([link](#)). Voluntaries are also encouraged to invest themselves and often do so in their village or district. Older persons, retired teachers or voluntaries, assist for example children in doing their homework and by doing so contribute to a “corner solidarity” on an intergenerational basis.

The **image of ageing** is not dealt with from a general point of view in Switzerland. The State secretary for economic affairs (seco) promotes for example at federal level a positive image of seniors workers through targeted information ([link](#)) partly with the support of employers’ associations. Health Promotion Switzerland provides a check-list to firms interested with self-evaluation to help them identify possible actions for the integration of older workers ([link](#)). But politics concerning the elderly are mostly conceived and implemented at cantonal level, reflecting federalism.

RIS Commitment 4: To adjust social protection systems in response to demographic changes and their social and economic consequences

The federal constitution stipulates that "*the Confederation shall take measures for an adequate old-age, survivors’ and disability scheme. This scheme shall be based on three pillars, namely the federal old-age, survivors’ and invalidity insurance, the occupational insurance and individual provident measures*" (Article 111, paragraph 1). The Old-Age and Survivors’ Insurance AVS (1st pillar) is the most important branch of Swiss social insurance from the point of view of expenditure. Funded on a pay-as-you-go basis, this insurance is mandatory for the whole population and is completed by supplementary benefits when AVS pensions are not sufficient to cover basic needs.

The purpose of occupational benefit plans (2nd pillar, fully funded, mandatory) is to supplement AVS and invalidity insurance and in this way to enable beneficiaries to maintain their previous standard of living "in an appropriate manner". Individual provident measures in the form of a

payment to a blocked bank account or to a blocked insurance policy benefit from fiscal measures constitute the third pillar. A detailed overview in English can be download on our site ([link](#)).

Our pension system is financially sustainable. A three-pillar system diversifies the economic, economic and financial risks and ensures older persons an adequate standard of living. It ensures the best possible financial sustainability, considering in particular the demographic ageing process, which results in Switzerland from a rising life expectancy coupled with a declining birth rate.

Steps were taken to achieve a sufficient income for all older persons According to an extensive study on the economic situation of mio 1.5 persons aged 25 to 99, the vast majority of retired persons in Switzerland live in good economic conditions. Persons living in poverty are a small minority (6%). The mandate of the Swiss three-pillar system covering old-age, survivors and invalidity risks is adequately fulfilled: the persons aged 55 to 75 are well off compared to other categories. But a significant percentage of people are particularly at risk in populations like families with three children or more (one fifth living in poverty), women in single parent-families (40 %), women in working age (one quarter) or young disabled. The study of professor Wanner (University of Geneva) offers reference points for social policy: does solidarity among generations need to be reinforced in the financing of AVS (1st pillar) through a special contribution from retired persons? Should there be an adjustment in order to enable young families, single-parent families and sole persons to increase their revenues? ([link](#)). Such questions will be dealt with among others at the occasion of a next revision of AVS law.

The ***regulatory framework for occupational and private pension provision*** (2nd pillar) is particularly dense and well conceived in international comparison. It has been recently reinforced with a new organization of the surveillance system. Same reform aimed at ensuring more transparency and good governance in the management of pension funds ([link](#)).

Improving a better ***reconciliation of work and family responsibilities*** is a priority at federal level and programs were developed in particularly to increase firms awareness of these issues ([link](#)) as well as to support the creation of childcare arrangements ([link](#)).

RIS Commitment 7: To strive to ensure quality of life at all ages and maintain independent living including health and well-being

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Introduction

About 17.3% (OECD average 15%) of the Swiss population is over the age of 65 with about 5% (OECD average 4%) over the age of 80. Switzerland's Federal Constitution attributes a high-degree of autonomy to sub-national authorities (cantons) in the health and social policy fields. Municipalities and, to a lesser extent, cantons have responsibilities for the organization and provision of health promotion, disease prevention as well as cure and care for the aged. Long-term care is seen to a significant extent as an individual and family responsibility.

Political awareness of the health and well-being of an aging Swiss population

The Federal Council is aware that within an aging Swiss population there are nonetheless opportunities to reduce the burden of disease. A government proposal for a new draft law attempts to improve governing the finances and policy-coordination specific to disease prevention and health promotion with a life-long approach. Meanwhile the proposal has been adopted by the first House of Parliament. The debate in the second House is planned by the end of the year 2011¹.

The fact, that the rate of occurrence of dementia rises exponentially with age, can also be observed in Switzerland. The National Council strived to realize dementia as a political priority in the year 2009, and obliged the Federal Council to improve the scientific information on a national level and to elaborate a national policy and action plan for dementia.

Disease prevention and health promotion: National Program on Alcohol

In Switzerland, there are two research projects going on, one collecting data on harmful and chronic alcohol consumption of elderly people and another one analyzing the needs of institutions working with elderly people (homes, medical care at home, etc.). Their goal is to construct a website covering help for elderly People with alcohol problems, family members and professionals. Also, depending on the results of the study, a network for health care professionals concerned with addictions of elderly people is in examination.

Health care performance

Today only 10 percent of deaths that occur each year in Switzerland are sudden and unexpected. The majority of people die after a more or less lengthy period of illness and nursing care. In the future a greater number of people will need more end-of-life care. This is mainly because the people in Switzerland are living increasingly longer, and incurable, chronic illnesses occur more frequently in old age. Consequently, there is a need for action in regard to health policy. Palliative care is one answer to this coming challenge. It concerns the provision of health care for incurable sick and dying people. In the context of the “National Health Policy” the Confederation and Cantons have resolved to promote palliative care in Switzerland. The “National Strategy for Palliative Care 2010-2012”, sets the objectives for strengthening the offer of palliative care. Furthermore, it is planned to improve the training of the medical and nursing personnel and to better inform the population. Together with all the partners, the measures will be realized and the means purposefully adopted. Moreover, the strategy focuses on a better coordination at the national and cantonal level. It provides the decisive impulse for the realization of a medium and long-term improvement in end-of-life health care.

Specific needs of the migrant population

The findings of the Swiss health monitoring of the migrant population showed that a health gap opens for long residence migrants. The survey showed a weaker health status than that of the indigenous population at the same age. In order to improve the health of elderly migrants and the access to the healthcare system as well as to health promotion and disease prevention measures, the Federal Office of Public Health is collaborating with the National Forum on Age and Migration (Swiss Red Cross). In January 2012, a brochure especially designed for elderly migrants will be published to provide information about health, healthcare and prevention programs in Switzerland.

The Swiss health authorities are also aware of the aging health professional in an aging society. As a result, the Swiss Health Observatory analyzed the aging impact and estimated the need of

¹ <http://www.bag.admin.ch/themen/gesundheitspolitik/07492/index.html?lang=fr>

the healthcare workforce by 2030.

Health care coverage

The Sickness Insurance is a mandatory health care insurance and optional daily allowance system organized through competing non-profit insurers with no discrimination due to the age, the sex or the health status. In relation to long-term care, the Federal Law on Sickness Insurance (LAMal) provides universal in-kind benefits. Specifically it reimburses the medical costs of stays in nursing homes (but not other cost such as accommodation) and some home-care services.

Long-term care benefits are also provided under the legal framework of the Law on Invalidity Insurance (LAI). Old-age and invalidity benefits (AVS-AI) are granted to recipients affected by permanent or long-term incapacity and are administered by offices in each canton².

² OECD. Help Wanted? Providing and Paying for Long-Term-Care. Paris, 2011, P. 11, 14-15.